

## CHILDREN'S ADMINISTRATION CHILD WELFARE TRAINING AND ADVANCEMENT PROGRAM

IV-E STIPEND/FIELD PRACTICUM

FOR ACADEMIC YEAR/QUARTER:
0
SCHOOL/SITE:

## PROGRAM BILLING DETAILS

SALARIES, WAGE, AND BENEFITS				
TRANSACTION DATE	POSITION TITLE	FTE	EXPENSE AMOUNT	
TO	TAL FROM PROGRAM BILLING DETAILS		0.00	
		TOTAL EXPENSE	0.00	
	CONSULTANT SER (Please itemize individua			
TRANSACTION DATE	DESCRIPTION	ACTIVITY	EXPENSE AMOUNT	
		TOTAL EXPENSE	0.00	
	GOODS AND SERVICES TOTA			
Must attach Individual	0.00			
	EQUIPMENT TOTAL FOR	R ALL SITES		
Must attach Individual	Site Billings Details (DSHS 19-231)	TOTAL EXPENSE	0.00	
	TRAVEL TOTAL FOR A	ALL SITES		
Must attach Individual	0.00			
	PRE-APPROVED MISCELLANEOUS ACTIV	/ITIES TOTAL FOR ALL SITES		
Must attach Individual	0.00			
	INDIRECT COS	TS		
Indirect Costs @	% of Salaries, Wages, & Benef	fits TOTAL EXPENSE	0.00	
	ADMINISTRATIVE (	COSTS		
Administrative Costs @	0.00			
TOTAL COSTS	0.00			
COST SHARE @ 50%	0.00			
COST SHARE @ 25%	0.00			